### STATE HEALTH BENEFITS PROGRAM

## PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

## (Local Government Employees)

Use this worksheet and the attached charts to calculate your combined Health Benefit Contribution.

Calc	culate Premium Percentages	CURRENT YEAR PHASE-IN AMOUNT	NEXT YEAR PHASE-IN AMOUNT	
1.	Use the <b>SHBP Premium Rate Charts</b> and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$	\$	
2.	Use the <b>Percentage of Premium Charts</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%	
3.	Calculate your Medical Plan Contribution: Multiply the Medical Plan Premium by the Premium Percentage.	\$	\$	
	(For example: If NJ DIRECT15, Family coverage is \$1,478.75 per month, the calculation is \$1,478.75 X 0.10 = \$147.87 per month.)	and your premium pe	rcentage is 10.0%,	
4.	Use the <b>SHBP Premium Rate Charts</b> or an employer-provided rate, and enter any premium for a Prescription Drug Plan at your selected Level of Coverage. (If Prescription Drug is combined with the SHBP Medical Plan, go to Line #7.)	\$	\$	
5.	Use the <b>Percentage of Premium Chart</b> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%	
6.	Calculate any Prescription Drug Plan Contribution: Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$	\$	
7.	Add Line #3 and Line #6. (Medical Plan Contribution + Prescription Drug Plan Contribution)	\$	\$	
	culate Minimum Required Contribution bloyees must pay a minimum of 1.5% of Annual Salary			
8.	Enter your total Annual Salary.	\$	\$	
9.	Multiply your Annual Salary by 1.5% (Salary X 0.015).	X 0.015	X 0.015	
10.	This is your 1.5% Minumum annual percentage of salary.	\$	\$	
11.	Divide the annual amount on Line #10 by 12 months.	÷ 12	÷ 12	
12.	This is the minimum monthly amount you are required to contribute.	\$	\$	
Υοι	r Health Benefit Contribution			
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$	\$	
			is Your Monthly ed Contribution	

### **DIVISION OF PENSIONS AND BENEFITS**

## STATE HEALTH BENEFITS PROGRAM

## SHBP PLAN PREMIUM RATE CHART

(FOR EMPLOYERS WHO OFFER THE EMPLOYEES' PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

DESCRIPTION	PLAN/COVERAGE	
AETNA FREEDOM10 #018/11   \$60.03		TOTAL
Single   S880.38	MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201	
Member & Spouse/Partner   \$1,360.74   Family   \$1,700.94	AETNA FREEDOM10 #018(1)	
Family	Single	\$680.38
Parent & Child		\$1,360.74
No   DIRECT10 - #050(1)   Single   \$673,64	· ·	·
Single		\$1,020.57
Member & Spouse/Partner   \$1,347,27   Family   \$1,684,10   Parent & Child   \$1,010.46		#070 C4
Family \$1,684.10   Parent & Child \$1,010.46   AETNA PREEDOM15 #180(1) Single \$647.89   Member & Spouse/Partner \$12,95.79   Family \$1,619.74   Parent & Child \$971.84   NJ DIRECT15 - #150(1) Single \$641.48   Member & Spouse/Partner \$1,282.96   Family \$1,603.70   Parent & Child \$982.22   AETNA HMO #019(1) Single \$649.56   Member & Spouse/Partner \$1,299.12   Family \$1,623.91   Parent & Child \$982.22   AETNA HMO #011(1)(4) Single \$1,623.91   Parent & Child \$974.34   HORIZON HMO #011(1)(4) Single \$1,623.91   Parent & Child \$974.34   HORIZON HMO #011(1)(4) Single \$1,623.91   Parent & Child \$984.59   PRESCRIPTION DRUG PROGRAM -#201 Single \$1,630.90   Member & Spouse/Partner \$1,286.19   PRESCRIPTION DRUG PROGRAM -#201 Single \$1,630.90   Member & Spouse/Partner \$1,265.95   PRESCRIPTION DRUG PROGRAM -#201 Single \$1,630.90   Member & Spouse/Partner \$1,265.95   Single \$1,265.95   PRESCRIPTION DRUG PROGRAM -#201 Single \$643.06   Member & Spouse/Partner \$1,265.95   Single \$628.48   Member & Spouse/Partner \$1,265.95   PRESCRIPTION DRUG PROGRAM -#201 Single \$628.49   Member & Spouse/Partner \$1,265.95   Family \$1,557.12   Parent & Child \$942.72   NJ DIRECT1525 #051(2) Single \$593.20   Member & Spouse/Partner \$1,265.95   Family \$1,555.67   Parent & Child \$933.39   PRESCRIPTION DRUG PROGRAM #205   Single \$599.99   Member & Spouse/Partner \$1,196.37   Parent & Child \$933.39   PARENTA HMO1525 #0651(2) Single \$599.99   Parent & Child \$933.30   PARENTA HMO1525 #053(2)(4) Single \$599.99   Parent & Child \$989.90   PARENTA HMO1525 #053(2)(4) Single \$599.90   PRESCRIPTION DRUG PROGRAM #205   Single \$99.90   PRESCRIPTION DRUG PROGRAM #205   Single \$99.90   PARENTA HMO1525 #063(2)(4) \$989.90   PARENTA HMO1525 #063(		,
Parent & Child		·
AETNA FREEDOM15 #180(1)   \$647.89		
Single		ψ1,010.40
Member & Spouse/Partner   \$1,295,79   Family   \$1,619,74   Parent & Child   \$971.84   NJ DIRECT15 - #150(1)   Single   \$641.48   Member & Spouse/Partner   \$1,282.96   Family   \$1,603.70   Parent & Child   \$862.22   AETNA HMC #019(1)   Single   \$649.56   Member & Spouse/Partner   \$1,299.12   Family   \$1,603.70   Parent & Child   \$862.22   AETNA HMC #019(1)   Single   \$649.56   Member & Spouse/Partner   \$1,299.12   Family   \$1,623.91   Parent & Child   \$974.34   HORIZON HMO #011(1)(4)   Single   \$643.06   Member & Spouse/Partner   \$1,266.13   Family   \$1,607.67   Parent & Child   \$984.59   PRESCRIPTION DRUG PROGRAM - #201   Single   \$183.09   Member & Spouse/Partner   \$366.19   Family   \$457.74   Parent & Child   \$974.64   MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205   AETNA FREEDOM1525 #063(2)   Single   \$622.48   Member & Spouse/Partner   \$1,266.39   Family   \$1,571.23   Family   \$1,571.23   Family   \$1,571.23   Family   \$1,571.23   Family   \$1,246.39   Family   \$1,24	• •	\$647.89
Family Parent & Child \$971.84  NJ DIRECT15 - #150(1) Single \$641.48 Member & Spouse/Partner \$1,282.56 Family Parent & Child \$962.22  AETNA HNO #019(1) Single \$649.56 Member & Spouse/Partner \$1,289.12 Family \$1,633.70 Parent & Child \$962.22  AETNA HNO #019(1) Single \$649.56 Member & Spouse/Partner \$1,289.12 Family \$1,623.91 Parent & Child \$974.34 HORIZON HMO #011(1)(4) Single \$649.56 Member & Spouse/Partner \$1,286.13 Family \$1,607.67 Parent & Child PRESCRIPTION DRUG PROGRAM - #201 Single \$183.09 Member & Spouse/Partner \$1,807.67 Parent & Child PRESCRIPTION DRUG PROGRAM - #201 Single \$183.09 Member & Spouse/Partner \$1,806.19 Family \$457.74 Parent & Child Parent & Child  MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205 Single \$628.48 Member & Spouse/Partner \$1,286.38 Family \$1,256.38 Family \$1,256.38 Family \$1,256.38 Family \$1,256.38 Family \$1,244.53 Family \$1,245.53 Family \$2,245.43 Family \$2,245.43 Family \$2,245.43 Family \$2,245.43 Family \$2,245.43 Famil	·	
NJ DIRECT15 - #150(1)   Single	Family	\$1,619.74
Single   S641.48   Member & Spouse/Partner   \$1,282.96   Family   \$1,003.70	Parent & Child	\$971.84
Member & Spouse/Partner   \$1,282.96   Family   \$1,603.70   Parent & Child   \$962.22	NJ DIRECT15 - #150(1)	
Family \$1,603.70   Parent & Child \$962.22   AETNA HMO #019(1) Single \$649.56   Member & Spouse/Partner \$1,299.12   Family \$1,623.91   Parent & Child \$974.34   HORIZON HMO #011(1)(4) Single \$643.06   Member & Spouse/Partner \$1,286.13   Family \$1,607.67   Parent & Child \$964.59   PRESCRIPTION DRUG PROGRAM - #201   Single \$183.09   Member & Spouse/Partner \$366.19   Family \$457.74   Parent & Child \$274.64   EATNA FREEDOM1525 #063(2)   Single \$628.48   Member & Spouse/Partner \$1,256.98   Family \$1,256.98   Family \$94.77   Parent & Child \$94.72   Parent & Child \$94.73   Parent & Child \$99.19   Parent & Child \$99.19   Parent & Child \$99.10   Parent & Child \$99.20   Parent & Ch	Single	\$641.48
Parent & Child	·	·
AETNA HMO #019(1) Single \$649.56 Member & Spouse/Partner \$1,299.12 Family \$1,623.91 Parent & Child \$574.34 HORIZON HMO #011(1)(4) Single \$643.06 Member & Spouse/Partner \$1,286.13 Family \$1,286.13 Family \$1,286.13 Family \$964.59 PRESCRIPTION DRUG PROGRAM - #201 Single \$183.09 Member & Spouse/Partner \$366.19 Family \$457.74 Parent & Child \$964.59 PRESCRIPTION DRUG PROGRAM - #201 Single \$183.09 Member & Spouse/Partner \$366.19 Family \$457.74 Parent & Child Medical Plans Available with PRESCRIPTION DRUG Plan #205  AETNA FREEDOM1525 #063(2) Single \$628.48 Member & Spouse/Partner \$1,256.98 Family \$1,497.98 Parent & Child \$999.19 Member & Spouse/Partner \$1,186.39 Family \$1,497.98 Parent & Child \$1,497.98 Parent &	1 .	·
Single   \$649.56   Member & Spouse/Partner   \$1,299.12   Family   \$1,299.12   Family   \$1,299.12   Family   \$1,299.13   Family   \$1,280.13   Family   \$1,280.13   Family   \$1,607.67   Family   \$1,609.60   Family   \$1,609.60   Family   \$1,609.60   Family   \$1,609.60   Family   \$1,609.60   Family   \$1,609.60   Family   \$1,771.23   Family   \$1,7		\$962.22
Member & Spouse/Partner   \$1,299.12   \$1,623.91   Parent & Child   \$974.34     HORIZON HMO #011(1)(4)   \$643.06	l—————————	¢C40.5C
Family \$1,623.91 \$974.34 HORIZON HMO #011(1)(4)  Single \$643.06 Member & Spouse/Partner \$1,286.13 Family \$1,607.67 Parent & Child \$964.59 PRESCRIPTION DRUG PROGRAM -#201 \$183.09 Member & Spouse/Partner \$366.19 Family \$457.74 Parent & Child \$964.59 PRESCRIPTION DRUG PROGRAM -#201 \$183.09 Member & Spouse/Partner \$366.19 Family \$457.74 Parent & Child \$274.64 PRESCRIPTION DRUG PROGRAM -#201 \$183.09 Member & Spouse/Partner \$366.19 Family \$457.74 Parent & Child MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205 PRESCRIPTION DRUG PROGRAM #205 PRESCRIPTION PROGR	·	·
Parent & Child	·	
HORIZON HMO #011(1)(4)   Single	<u> </u>	
Single		<b>7</b> 01 330 1
Family \$1,607.67 Parent & Child \$964.59  PRESCRIPTION DRUG PROGRAM - #201  Single \$183.09  Member & Spouse/Partner \$366.19 Family \$457.74 Parent & Child \$274.64  MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205  AETNA FREEDOM1525 #063(2)  Single \$628.48 Member & Spouse/Partner \$1,256.98 Family \$1,571.23 Parent & Child \$942.72  NJ DIRECT1525 #051(2) Single \$622.26 Member & Spouse/Partner \$1,244.53 Family \$1,555.67 Parent & Child \$933.39  AETNA HMO1525 #061(2) Single \$599.19 Member & Spouse/Partner \$1,198.37 Family \$1,497.98 Parent & Child \$393.39  AETNA HMO1525 #053(2)(4) Single \$599.19 Member & Spouse/Partner \$1,198.37 Family \$1,497.98 Parent & Child \$393.20 Member & Spouse/Partner \$1,198.37 Family \$1,497.98 Parent & Child \$393.20 Member & Spouse/Partner \$1,198.37 Family \$1,497.98 Parent & Child \$393.20 Member & Spouse/Partner \$1,186.39 Family \$1,483.00 PRESCRIPTION DRUG PROGRAM #205 Single \$166.06 Member & Spouse/Partner \$332.14 Family \$145.17		\$643.06
Parent & Child \$964.59  PRESCRIPTION DRUG PROGRAM - #201  Single \$183.09  Member & Spouse/Partner \$366.19  Family \$457.74  Parent & Child \$274.64   MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205  AETNA FREEDOM1525 #063(2)  Single \$628.48  Member & Spouse/Partner \$1,256.98  Family \$1,571.23  Parent & Child \$942.72  NJ DIRECT1525 #051(2)  Single \$622.26  Member & Spouse/Partner \$1,244.53  Family \$1,555.67  Parent & Child \$933.39  AETNA HMO1525 #061(2)  Single \$593.39  AETNA HMO1525 #061(2)  Single \$599.19  Member & Spouse/Partner \$1,198.37  Family \$1,497.98  Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  Parent & Child \$889.90  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$332.14  Family \$1,483.00  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$332.14  Family \$1451.77	Member & Spouse/Partner	\$1,286.13
Single	Family	\$1,607.67
Single	Parent & Child	\$964.59
Member & Spouse/Partner   \$366.19	PRESCRIPTION DRUG PROGRAM - #201	
Family \$457.74 Parent & Child \$274.64  MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205  AETNA FREEDOM1525 #063(2) Single \$628.48 Member & Spouse/Partner \$1,256.98 Family \$1,571.23 Parent & Child \$942.72  NJ DIRECT1525 #051(2) Single \$622.26 Member & Spouse/Partner \$1,244.53 Family \$1,555.67 Parent & Child \$933.39  AETNA HMO1525 #061(2) Single \$593.39  AETNA HMO1525 #061(2) Single \$599.19 Member & Spouse/Partner \$1,198.37 Family \$1,497.98 Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4) Single \$599.20 Member & Spouse/Partner \$1,198.37 Family \$1,497.98 Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4) Single \$593.20 Member & Spouse/Partner \$1,186.39 Family \$1,483.00 Parent & Child \$898.80  PRESCRIPTION DRUG PROGRAM #205 Single \$166.06 Member & Spouse/Partner \$332.14 Family \$41.517		•
Parent & Child		·
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205  AETNA FREEDOM1525 #063(2)  Single \$628.48  Member & Spouse/Partner \$1,256.98  Family \$1,571.23  Parent & Child \$942.72  NJ DIRECT1525 #051(2)  Single \$622.26  Member & Spouse/Partner \$1,244.53  Family \$1,555.67  Parent & Child \$933.39  AETNA HMO1525 #061(2)  Single \$599.19  Member & Spouse/Partner \$1,198.37  Family \$1,497.98  Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$3322.14  Family \$160.06  Member & Spouse/Partner \$3322.14  Family \$160.06  Member & Spouse/Partner \$3322.14	<u> </u>	•
AETNA FREEDOM1525 #063(2)  Single \$628.48  Member & Spouse/Partner \$1,256.98  Family \$1,571.23  Parent & Child \$942.72  NJ DIRECT1525 #051(2)  Single \$622.26  Member & Spouse/Partner \$1,244.53  Family \$1,555.67  Parent & Child \$933.39  AETNA HMO1525 #061(2)  Single \$599.19  Member & Spouse/Partner \$1,198.37  Family \$1,497.98  Parent & Child \$933.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$3332.14  Family \$415.17		\$274.64
Single       \$628.48         Member & Spouse/Partner       \$1,256.98         Family       \$1,571.23         Parent & Child       \$942.72         NJ DIRECT1525 #051(2)       \$942.72         Single       \$622.26         Member & Spouse/Partner       \$1,244.53         Family       \$1,555.67         Parent & Child       \$933.39         AETNA HMO1525 #061(2)       \$933.39         Single       \$599.19         Member & Spouse/Partner       \$1,198.37         Family       \$1,497.98         Parent & Child       \$898.79         HORIZON HMO1525 #053(2)(4)       \$898.79         HORIZON HMO1525 #053(2)(4)       \$1,186.39         Single       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205       \$389.80         Single       \$166.06         Member & Spouse/Partner       \$332.14         Family       \$415.17		
Family \$1,571.23 \$942.72  NJ DIRECT1525 #051(2)  Single \$622.26  Member & Spouse/Partner \$1,244.53  Family \$1,555.67  Parent & Child \$933.39  AETNA HMO1525 #061(2)  Single \$599.19  Member & Spouse/Partner \$1,198.37  Family \$1,497.98  Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$599.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$332.14  Family \$145.17		\$628.48
Parent & Child       \$942.72         NJ DIRECT1525 #051(2)       \$622.26         Single       \$1,244.53         Member & Spouse/Partner       \$1,555.67         Parent & Child       \$933.39         AETNA HMO1525 #061(2)       \$599.19         Single       \$599.19         Member & Spouse/Partner       \$1,198.37         Family       \$1,497.98         Parent & Child       \$898.79         HORIZON HMO1525 #053(2)(4)       \$593.20         Single       \$593.20         Member & Spouse/Partner       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205       \$166.06         Single       \$166.06         Member & Spouse/Partner       \$332.14         Family       \$415.17		•
NJ DIRECT1525 #051(2)   Single		
Single       \$622.26         Member & Spouse/Partner       \$1,244.53         Family       \$1,555.67         Parent & Child       \$933.39         AETNA HMO1525 #061(2)       \$599.19         Single       \$599.19         Member & Spouse/Partner       \$1,198.37         Family       \$1,497.98         Parent & Child       \$898.79         HORIZON HMO1525 #053(2)(4)       \$593.20         Single       \$593.20         Member & Spouse/Partner       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205       \$166.06         Single       \$166.06         Member & Spouse/Partner       \$332.14         Family       \$415.17		
Family \$1,555.67 Parent & Child \$933.39  AETNA HMO1525 #061(2)  Single \$599.19  Member & Spouse/Partner \$1,198.37  Family \$1,497.98  Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$322.14  Family \$332.14	Single	
Parent & Child       \$933.39         AETNA HMO1525 #061(2)       \$599.19         Single       \$1,198.37         Member & Spouse/Partner       \$1,497.98         Parent & Child       \$898.79         HORIZON HMO1525 #053(2)(4)       \$593.20         Single       \$593.20         Member & Spouse/Partner       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205       \$166.06         Single       \$166.06         Member & Spouse/Partner       \$332.14         Family       \$415.17		
AETNA HMO1525 #061(2)  Single \$599.19  Member & Spouse/Partner \$1,198.37  Family \$1,497.98  Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$332.14  Family \$1,483.10  \$332.14		
Member & Spouse/Partner       \$1,198.37         Family       \$1,497.98         Parent & Child       \$898.79         HORIZON HMO1525 #053(2)(4)       \$593.20         Single       \$593.20         Member & Spouse/Partner       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205       \$166.06         Single       \$1332.14         Member & Spouse/Partner       \$332.14         Family       \$415.17		
Family \$1,497.98 Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39 Family \$1,483.00 Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205 Single \$166.06 Member & Spouse/Partner \$332.14 Family \$415.17		
Parent & Child \$898.79  HORIZON HMO1525 #053(2)(4)  Single \$593.20  Member & Spouse/Partner \$1,186.39  Family \$1,483.00  Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205  Single \$166.06  Member & Spouse/Partner \$332.14  Family \$415.17		
Single       \$593.20         Member & Spouse/Partner       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205         Single       \$166.06         Member & Spouse/Partner       \$332.14         Family       \$415.17		
Member & Spouse/Partner       \$1,186.39         Family       \$1,483.00         Parent & Child       \$889.80         PRESCRIPTION DRUG PROGRAM #205       \$106.06         Single       \$106.06         Member & Spouse/Partner       \$332.14         Family       \$415.17	HORIZON HMO1525 #053(2)(4)	
Family \$1,483.00 Parent & Child \$889.80  PRESCRIPTION DRUG PROGRAM #205 Single \$166.06 Member & Spouse/Partner \$332.14 Family \$415.17		
Parent & Child         \$889.80           PRESCRIPTION DRUG PROGRAM #205         \$166.06           Single         \$132.14           Member & Spouse/Partner         \$3415.17		
Single \$166.06  Member & Spouse/Partner \$332.14  Family \$415.17		
Member & Spouse/Partner \$332.14 Family \$415.17		
Family \$415.17		
Parent & Child \$249.09	Family	
	Parent & Child	

## DIVISION OF PENSIONS AND BENEFITS

#### STATE HEALTH BENEFITS PROGRAM

## SHBP PLAN PREMIUM RATE CHART

## LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
AETNA FREEDOM2030 #064(3)	
Single	\$590.76
Member & Spouse/Partner	\$1,181.54
Family	\$1,476.93
Parent & Child	\$886.14
NJ DIRECT2030 #052(3)	·
Single	\$584.91
Member & Spouse/Partner	\$1,169.84
Family	\$1,462.31
Parent & Child	\$877.37
AETNA HMO2030 #062(3)	<b>\$011.01</b>
Single	\$564.02
Member & Spouse/Partner	\$1,128.03
Family	
Parent & Child	\$1,410.05
	\$846.03
HORIZON HMO2030 #054(3)(4)	
Single	\$558.38
Member & Spouse/Partner	\$1,116.75
Family	\$1,395.95
Parent & Child	\$837.57
PRESCRIPTION DRUG PROGRAM #206	
Single	\$169.00
Member & Spouse/Partner Family	\$337.99 \$422.49
Parent & Child	\$253.50
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	*=====
AETNA VALUE HD4000 #092(5)	
Single	\$434.61
Member & Spouse/Partner	\$869.21
Family	\$1,086.51
Parent & Child	\$651.92
NJ DIRECT HD4000 #090(5)	
Single	\$435.19
Member & Spouse/Partner	\$870.37
Family	\$1,087.96
Parent & Child	\$652.79
AETNA VALUE HD1500 #093(6)(7)	
Single	\$619.57
Member & Spouse/Partner	\$1,264.15 \$1,596.44
Family Parent & Child	\$1,586.44 \$941.86
NJ DIRECT HD1500 #091(6)(7)	7000
Single	\$620.43
Member & Spouse/Partner	\$1,265.87
Family	\$1,588.59
Parent & Child	\$943.15

<sup>1)</sup>Subscribers in # 150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201

<sup>2)</sup>Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

<sup>3)</sup>Subscribers in #052,#062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206

<sup>4)</sup> For Horizon HMO Plans #011,#053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York

<sup>5)</sup>Subscribers in High Deductible Plans #90, #92, are subject to \$4,000 In-Network deductible

<sup>6)</sup>Subscribers in High Deductible Plans #91, #93, are subject to \$1,500 In-Network deductible

<sup>7)</sup>For Subscribers in High Deductible Plans #093 and #091, employer required to contribute \$300 annually to Health Savings Account

## DIVISION OF PENSIONS AND BENEFITS STATE HEALTH BENEFITS PROGRAM

## SHBP PLAN PREMIUM RATE CHART

(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED.)

## LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE	
DESCRIPTION	TOTAL
AETNA FREEDOM10 #018(1)	
Single	\$854.15
Member & Spouse/Partner	\$1,708.28
Family	\$2,135.36
Parent & Child	\$1,281.23
NJ DIRECT10 - #050(1)	
Single	\$807.15
Member & Spouse/Partner	\$1,614.28
Family	\$2,017.86
Parent & Child	\$1,210.73
AETNA FREEDOM15 #180(1)	. ,
Single	\$821.66
Member & Spouse/Partner	\$1,643.33
Family	\$2,054.16
Parent & Child	\$1,232.50
NJ DIRECT15 - #150(1)	¥ .,£0£.00
Single	\$768.59
Member & Spouse/Partner	\$1,537.19
Family	\$1,921.48
Parent & Child	\$1,921.48 \$1,152.89
AETNA HMO #019(1)	Ψ1,132.03
Single	\$922.22
Member & Spouse/Partner	\$823.33 \$4.646.66
•	\$1,646.66
Family Parent & Child	\$2,058.33 \$1,235.00
HORIZON HMO #011(1)	\$1,235.00
	<b>\$040.00</b>
Single	\$816.83 \$4.633.67
Member & Spouse/Partner	\$1,633.67
Family	\$2,042.09
Parent & Child	\$1,225.25
AETNA FREEDOM1525 #063(2)	\$747.FO
Single	\$747.59
Member & Spouse/Partner	\$1,495.20
Family	\$1,869.00
Parent & Child	\$1,121.39
NJ DIRECT1525 #051(2)	
Single	\$741.37
Member & Spouse/Partner	\$1,482.75
Family	\$1,853.44
Parent & Child	\$1,112.06
AETNA HMO1525 #061(2)	
Single	\$765.25
Member & Spouse/Partner	\$1,530.51
Family	\$1,913.15
Parent & Child	\$1,147.88
<u>HORIZON HMO1525 #053(2)</u>	
Single	\$759.26
Member & Spouse/Partner	\$1,518.53
Family	\$1,898.17
Parent & Child	\$1,138.89

## DIVISION OF PENSIONS AND BENEFITS STATE HEALTH BENEFITS PROGRAM

## SHBP PLAN PREMIUM RATE CHART

## LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE	
DESCRIPTION	TOTAL
AETNA FREEDOM2030 #064(3)	
Single	\$709.87
Member & Spouse/Partner	\$1,419.76
Family	\$1,774.70
Parent & Child	\$1,064.81
NJ DIRECT2030 #052(3)	
Single	\$704.02
Member & Spouse/Partner	\$1,408.06
Family	\$1,760.08
Parent & Child	\$1,056.04
AETNA HMO2030 #062(3)	
Single	\$733.02
Member & Spouse/Partner	\$1,466.02
Family	\$1,832.54
Parent & Child	\$1,099.53
HORIZON HMO2030 #054(3)	
Single	\$727.38
Member & Spouse/Partner	\$1,454.74
Family Parent & Child	\$1,818.44 \$1,091.07
	\$1,091.07
AETNA VALUE HD4000 #092(4)	\$404.04
Single	\$434.61
Member & Spouse/Partner	\$869.21
Family	\$1,086.51
Parent & Child	\$651.92
NJ DIRECT HD4000 #090(4)	
Single	\$435.19
Member & Spouse/Partner	\$870.37
Family	\$1,087.96
Parent & Child	\$652.79
AETNA VALUE HD1500 #093(5)	
Single	\$619.57
Member & Spouse/Partner	\$1,264.15
Family	\$1,586.44
Parent & Child	\$941.86
NJ DIRECT HD1500 #091(5)	
Single	\$620.43
Member & Spouse/Partner	\$1,265.87
Family	\$1,588.59
Parent & Child	\$943.15

<sup>1)</sup>Subscribers in # 150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201

<sup>2)</sup>Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

<sup>4)</sup> For Horizon HMO Plans #011,#053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;

 $<sup>5)</sup> Subscribers in \ \ High \ Deductible \ Plans \ \#90, \ \#92, \ \ are \ subject to \ \$4,000 \ In-Network \ deductible$ 

<sup>6)</sup>Subscribers in High Deductible Plans #91, #93, are subject to \$1,500 In-Network deductible

<sup>7)</sup>For Subscribers in High Deductible Plans #093 and #091, employer required to contribute \$300 annually to Health Savings Account

## DIVISION OF PENSIONS AND BENEFITS

### STATE HEALTH BENEFITS PROGRAM

## PERCENTAGE OF PREMIUM CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

**Note:** The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay ¼, ½, ¾ and the full amount of the contribution rate during the phase-in years.

New employees hired on or after June 28, 2011, the effective date of Chapter 78, P.L. 2011, contribute at the highest percentage level (Year 4) — unless hired into a position covered by a Collective Negotiations Agreement that has not expired as of the employee's date of hire.

## HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE (PERCENTAGE OF PREMIUM)\*

	Four Year Phase-In Use dates indicated or as otherwise determined by contract			
Salary Range	<b>Year 1</b> July 2011 to June 2012	<b>Year 2</b> July 2012 to June 2013	<b>Year 3</b> July 2013 to June 2014	Year 4 July 2014 and after
less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000-24,999.99	1.38%	2.75%	4.13%	5.50%
25,000-29,999.99	1.88%	3.75%	5.63%	7.50%
30,000-34,999.99	2.50%	5.00%	7.50%	10.00%
35,000-39,999.99	2.75%	5.50%	8.25%	11.00%
40,000-44,999.99	3.00%	6.00%	9.00%	12.00%
45,000-49,999.99	3.50%	7.00%	10.50%	14.00%
50,000-54,999.99	5.00%	10.00%	15.00%	20.00%
55,000-59,999.99	5.75%	11.50%	17.25%	23.00%
60,000-64,999.99	6.75%	13.50%	20.25%	27.00%
65,000-69,999.99	7.25%	14.50%	21.75%	29.00%
70,000-74,999.99	8.00%	16.00%	24.00%	32.00%
75,000-79,999.99	8.25%	16.50%	24.75%	33.00%
80,000-94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

<sup>\*</sup> Member contribution is a minimum of 1.5% of base salary towards Health Benefits

# STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY DIVISION OF PENSIONS AND BENEFITS STATE HEALTH BENEFITS PROGRAM

# HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE (PERCENTAGE OF PREMIUM)\*

	Four Year Phase-In Use dates indicated or as otherwise determined by contract			
Salary Range	<b>Year 1</b> July 2011 to June 2012	<b>Year 2</b> July 2012 to June 2013	<b>Year 3</b> July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000-29,999.99	1.00%	2.00%	3.00%	4.00%
30,000-34,999.99	1.25%	2.50%	3.75%	5.00%
35,000-39,999.99	1.50%	3.00%	4.50%	6.00%
40,000-44,999.99	1.75%	3.50%	5.25%	7.00%
45,000-49,999.99	2.25%	4.50%	6.75%	9.00%
50,000-54,999.99	3.00%	6.00%	9.00%	12.00%
55,000-59,999.99	3.50%	7.00%	10.50%	14.00%
60,000-64,999.99	4.25%	8.50%	12.75%	17.00%
65,000-69,999.99	4.75%	9.50%	14.25%	19.00%
70,000-74,999.99	5.50%	11.00%	16.50%	22.00%
75,000-79,999.99	5.75%	11.50%	17.25%	23.00%
80,000-84,999.99	6.00%	12.00%	18.00%	24.00%
85,000-89,999.99	6.50%	13.00%	19.50%	26.00%
90,000-94,999.99	7.00%	14.00%	21.00%	28.00%
95,000-99,999.99	7.25%	14.50%	21.75%	29.00%
100,000-109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

<sup>\*</sup>Member contribution is a minimum of 1.5% of base salary towards Health Benefits

# STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY DIVISION OF PENSIONS AND BENEFITS STATE HEALTH BENEFITS PROGRAM

# HEALTH BENEFITS CONTRIBUTION FOR MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE (PERCENTAGE OF PREMIUM)\*

	Four Year Phase-In Use dates indicated or as otherwise determined by contract			
Salary Range	<b>Year 1</b> July 2011 to June 2012	<b>Year 2</b> July 2012 to June 2013	<b>Year 3</b> July 2013 to June 2014	<b>Year 4</b> July 2014 and after
less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000-29,999.99	1.13%	2.25%	3.38%	4.50%
30,000-34,999.99	1.50%	3.00%	4.50%	6.00%
35,000-39,999.99	1.75%	3.50%	5.25%	7.00%
40,000-44,999.99	2.00%	4.00%	6.00%	8.00%
45,000-49,999.99	2.50%	5.00%	7.50%	10.00%
50,000-54,999.99	3.75%	7.50%	11.25%	15.00%
55,000-59,999.99	4.25%	8.50%	12.75%	17.00%
60,000-64,999.99	5.25%	10.50%	15.75%	21.00%
65,000-69,999.99	5.75%	11.50%	17.25%	23.00%
70,000-74,999.99	6.50%	13.00%	19.50%	26.00%
75,000-79,999.99	6.75%	13.50%	20.25%	27.00%
80,000-84,999.99	7.00%	14.00%	21.00%	28.00%
85,000-99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

<sup>\*</sup>Member contribution is a minimum of 1.5% of base salary towards Health Benefits